

# West Valley Youth Event

A ministry of West Valley Church

## **Breakthrough**

**What:** A district event geared towards developing student leaders. There will be a dodgeball tournament, a night at the Yakima Family Fun Center. A large variety of seminars for you to choose and learn from. NNU Covenant will be leading worship.

**Where:** West Valley Church

**When:** March 13<sup>th</sup>-15<sup>th</sup>. Begins Friday at 7:00pm, ends Sunday morning at 11:30am

**Cost:** \$50 before Feb. 16<sup>th</sup>, \$60 after Feb. 16<sup>th</sup>

Teens can either stay at the church or stay at their own homes

### **Packing List**

- Pillow
- Sleeping bag
- Bible
- Notebook and pen
- Set of active clothes for indoor activities
- Sleepwear
- Shower supplies
- Towel
- Toiletries
- Water bottle
- Medications: **Please check in medication with a detailed note of how to administer prescription**

**Contact:** Dan Manning, 408.318.2908 or [dan@wvcnaz.com](mailto:dan@wvcnaz.com)

West Valley Church of the Nazarene  
Parental Consent & Liability Release form

Event: Breakthrough

Date: 3/13/2020-3/15/2020

Name of Minor(s) & Date(s) of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contacts and others authorized to pick up my child other than parents or guardians:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Permission and Release:** I/We give permission for the above-named minor to participate in activities with the West Valley Church during the listed time frame. I/We understand that the activities which my child may participate in may pose a risk to their personal health and safety. I/We agree to hold harmless West Valley Church or its representatives in the event of injury or damage that may be incurred to the child or his/her property during such events.

**Medical Release:** In the event the above-named minor suffers illness, accident, or injury, and neither parents nor guardians can be contacted, I/We give permission for a representative of the West Valley Church to authorize emergency treatment as is deemed necessary by a licensed physician and assume responsibility for any medical bills incurred.

**Transportation Permission:** I/We give permission for my child(ren) to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by West Valley Church. I/We also give our child(ren) permission to walk to Meadowbrook Family Fun Center at the designated time to participate in activities sponsored by West Valley Church.

I/We understand that should the above-named minor have to return home before the group for medical or disciplinary reasons, we will assume any costs incurred.

**Please specify for each minor:**

Known Diseases or Conditions:  Asthma  Diabetes  Heart  Seizures

Other \_\_\_\_\_ Allergies \_\_\_\_\_

Medication(s) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Photo Permission**

**There is a chance your child may be photographed while participating in our events.**

I/We give permission for photos of my/our child to be posted on your website, social media, or any other promotional events West Valley Church might have in the future?

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date